



**PURCHASING DIVISION
10770 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351**

TEL (954) 572-2274

FAX (954) 572-2278

VENDOR APPLICATION

1. Name of Business (if individual, enter last name first).

2. Street or P.O. Box address to which bid requests are to be mailed.

3. City _____ State _____ Zip _____

4. Contact to whom requests are to be mailed. Enter none if no one person should be named.

5. Telephone # _____ Fax _____ Email _____

6. Federal Employer's ID # _____ or Social Security # _____

7. Address of main business office, if different from # 2 or #3 above.

8. If incorporated, in which state _____ and date _____

9. Principal line of business:

10. Have you previously worked for the City of Sunrise? Yes No

I UNDERSTAND THAT THIS FORM IN NO WAY CONSTITUTES ANY OBLIGATION OR COMMITMENT ON THE PART OF THE CITY.

Name of Authorized Agent

Date

(This information is valid ONLY for a period of two (2) years)